

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>10/17/04</u> through <u>10/26/04</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 2 2004</u>	Date Stamp <b>RECEIVED</b> CITY OF MOUNTAIN VIEW OCT 28 P4:42 OFFICE OF CITY CLERK	<b>CALIFORNIA 460</b> 2001/02 FORM Page <u>1</u> of <u>8</u> For Official Use Only <u>1268975</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5)   | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 7)  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
|---|--|

**3. Committee Information**

I.D. NUMBER 1268975

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Laura Macias for Men View City Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Mountain View CA 94040

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

laura macias@juno.com

**Treasurer(s)**

NAME OF TREASURER

Martha Jensen

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

MV CA 94040

NAME OF ASSISTANT TREASURER, IF ANY

Laura Macias

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct 28 2004  
Date

Executed on Oct 28 2004  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Laura Macias

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Council Member City of Mountain View

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

MV CA 94040

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Laura Macias

Statement covers period  
from 10/17/2004  
through 10/26/2004

CALIFORNIA  
FORM **460**

Page 3 of 8

I.D. NUMBER  
126 8975

## Contributions Received

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Column B  
CALENDAR YEAR  
TOTAL TO DATE

1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>1115</u>	\$ <u>9282</u>
2. Loans Received .....	Schedule B, Line 3	\$ <u>0</u>	\$ <u>2500</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>1115</u>	\$ <u>11782</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>1115</u>	\$ <u>11782</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30      7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_  
21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>1000</u>	\$ <u>2396</u>
7. Loans Made .....	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>1000</u>	\$ <u>2396</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ <u>7706</u>	\$ <u>7706</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>8706</u>	\$ <u>10102</u>

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)      Total to Date

_____ / _____ / _____	\$ _____
_____ / _____ / _____	\$ _____
_____ / _____ / _____	\$ _____
_____ / _____ / _____	\$ _____
_____ / _____ / _____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>8750</u>
13. Cash Receipts .....	Column A, Line 3 above	\$ <u>1115</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments .....	Column A, Line 8 above	\$ <u>1000</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8865</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>7706</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 10/17/2004  
through 10/26/2004

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Laura Macías

I.D. NUMBER  
1268975

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>10/22</u>	<u>Carol Garvey</u> <u>SJC CA 95112</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired,</u> <u>Sta Clara Cnty</u>	<u>50 -</u>	<u>50 -</u>	
<u>10/23</u>	<u>Tom Macias</u> <u>Burlington VT</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Professor</u> <u>University of Vermont</u>	<u>100 -</u>	<u>100 -</u>	
<u>10/23</u>	<u>Greenbriar Homes Communities</u> <u>Fremont CA 94539</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>99 -</u>	<u>99 -</u>	
<u>10/25</u>	<u>Tod Spieker</u> <u>Atherton, CA 94027</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>President</u> <u>Spieker Properties</u>	<u>250 -</u>	<u>250 -</u>	
<u>10/22</u>	<u>DAWN, Demo Activ Women Now</u> <u>FPPC # 956169</u> <u>San Jose CA</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>50<sup>00</sup></u>	<u>300 -</u>	

SUBTOTAL \$ 549.00

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... \$ 899

2. Amount received this period – unitemized contributions of less than \$100 ..... \$ 216<sup>00</sup>

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1115<sup>00</sup>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/17/04</u> through <u>10/26/04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>8</u>	I.D. NUMBER <u>1268975</u>

NAME OF FILER

Laura Macias

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>10/20</u>	<u>Steve Olson</u> <u>Mtn View 94041</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Planner</u> <u>Stanford Univ</u>	<u>100<sup>00</sup></u>	<u>100<sup>00</sup></u>	
<u>10/17</u>	<u>Asian American Political Empowerment Committee</u> <u>Sunnyvale CA 94086</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>50<sup>00</sup></u>	<u>50<sup>00</sup></u>	
<u>10/17</u>	<u>Card Fisher</u> <u>Mview CA 94040</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Community Trustee</u> <u>MVW Board of Educatn</u>	<u>50<sup>00</sup></u>	<u>50<sup>00</sup></u>	
<u>10/20</u>	<u>Misuye Honda</u> <u>Mtn View 94040</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Retired</u>	<u>50</u>	<u>50<sup>00</sup></u>	
<u>10/25</u>	<u>Steve Macias</u> <u>Phoenix AZ 85021</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>President,</u> <u>KIL Manufacturing</u>	<u>100</u>	<u>100<sup>00</sup></u>	

SUBTOTAL \$ 350

\*Contributor Codes

IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 10/17/2004  
through 10/26/2004

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Laura Macías

I.D. NUMBER

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>Laura Macías</u> <u>MV CA 94040</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> Consultant, <u>Gestalt Werks.</u>	\$ <u>2,500-</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>2,500-</u>	\$ <u>0</u> % RATE	\$ <u>2,500-</u>	CALENDAR YEAR <u>2,500-</u> PER ELECTION** <u>10/15/04</u> DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	\$ _____ % RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	\$ _____ % RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED
SUBTOTALS \$		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>2,500-</u>	\$ <u>0</u>		

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

\*Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

† Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/17/04</u> through <u>10/26/04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>8</u>	I.D. NUMBER <u>1268975</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Laura Macías*

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Wells Fargo</i> <i>Mtn. View 94041</i>		<i>CREDIT CARD PAYMENT FOR AGGREGATED CAMPAIGN CHARGES</i>	<i>\$1000</i>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>1000<sup>00</sup></u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>1000<sup>00</sup></u>

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period from <u>10/17/04</u> through <u>10/24/04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>8</u>	I.D. NUMBER <u>1268975</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Wells Fargo Credit Card:		6267		1000	7657
Wells chg → US Post office mtn. View, CA 94041	STAMPS	0	1300		
Wells chg → A+E Printers, SJK 94124	Postcards endorse cards		1150		

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ 6207 \$ 2450 \$ 1000 \$ 7657

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... INCURRED TOTALS \$ 8706
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... PAID TOTALS \$ 1000
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... NET \$ 7706  
May be a negative number